



# OFFICE OF THE STAFF JUDGE ADVOCATE HURRICANE MATTHEW INSTRUCTIONS PACKET

### **MAILING ADDRESS:**

OFFICE OF THE STAFF JUDGE ADVOCATE
ATTN: CLAIMS OFFICE
1791 GULICK AVENUE, BUILDING 709
FORT STEWART, GEORGIA 31314

## **TELEPHONE NUMBER:**

(912)767-8185

Your claim must be submitted no later than 2 years from the date of incident.

Claims resulting from Hurricane Matthew – 7-8 October 2016 – Fort Stewart, Georgia (surrounding military bases within area of jurisdiction of Fort Stewart, Georgia)

Storms Damage Claims will be considered under Chapter 11, AR 27-20.

Chapter 11, is payable by the Army when filed by a Soldier or by a DOD civilian employee or their agents. Contractors and Retirees are not proper party claimants.

Prior to filing your claim with the Military Claims Office a claim must be filed with the private insurer first (i.e. car insurance or renters insurance). Your private insurer should provide the breakdown of how any claim was settled and/or a letter stating that storm damage is not covered in the policy.

If you do not have insurance and have an emergency situation, please contact our office immediately.

When you file your claim please complete the attached packet.

#### Check List:

- DD Form 1842
- DD Form 1844
- Copy of Declaration page from insurance policy (Renters/Vehicle)
- Insurance settlement breakdown
- Registration for vehicles
- Substantiating documents for damaged property (ie: purchase receipts/canceled checks, purchase invoices)
- CEFT Form (Banking)

POC: Claims Office Fort Stewart, Georgia 912-767-8185

CLAIM FOR LOSS OF O	R DAMAGE TO PE	RSONAL PROPERTY INCIDENT	TO SERVICE				
DART I TO BE COMBLE	TED BY CLAIMANT	See back for Privacy Act Statement ar	nd Instructions.)				
		OF SERVICE 3. RANK OR GRADE	4. SOCIAL SECURI	TV NI IMBER			
1. NAME OF CLAIMANT (Last, First, Middle Initia	,		l ''				
SHERMAN, WILLIAM	RA/U	SAR/NG E7/SFC/GS-7	123-45-6				
5. HOME ADDRESS (Street, City, State and Zip C	'ode)	6. CURRENT MILITARY DUTY ADD	RESS (If applicable) (St.	reet, City,			
, , , , , , , , , , , , , , , , , , ,		State and Zip Code)					
		CURRENT UNIT ADDRESS IF AP	PLIES				
WHERE YOU CURRENTLY LIVE		CONCENT OUT ADDICESOR III	111111111111111111111111111111111111111				
7. HOME TELEPHONE NO. (Include area code)	nclude area code) 8. DUTY TELEPHONE NO. (Include area code) 9. AMOUNT CLAIMED						
, Home , Lee, Home , January , January , January , January , Land							
10. CIRCUMSTANCES OF LOSS OR DAMAGE	Explain in detail. Include	date, place, and all relevant facts.  Use addi	itional sheets it necessai	y.)			
EXPLAIN IN DETAIL WHAT HAPPENED							
Did brait it bearing with the cases							
	4						
	/*************************************	T/2 (C)		YES NO			
11. DID YOU HAVE PRIVATE INSURANCE COV	ERING YOUR PROPER	Y? (E.g., say "Yes" on a shipment of	quarters claim ir you	· · · · · · · · · · · · · · · · · · ·			
had transit, renter's or homeowner's insura	nce; say "Yes" on a ve	phicle claim if you had vehicle insurance	e. Attach a copy of				
your policy.)				1			
12, HAVE YOU MADE A CLAIM AGAINST YOU	IR PRIVATE INSURER?	(If "Yes," attach a copy of your corre-	spondence. It you				
have insurance covering your loss, you mus	st submit a demand bei	fore you submit a claim against the Gov	vernment.)	<b>.</b>			
40 1140 4 04 00100 00 114 00100100 01014 181	VOLVED BAID VOLLO	DEDATOED ANY OF VOLID PROPERTY	1) //f "Vac " attach				
13. HAS A CARRIER OR WAREHOUSE FIRM IN	VOLVED PAID YOU OF	A REPAIRED AINT OF TOOK FROFERT	t III res, allacii				
a copy of your correspondence with the ca	mer or warehouse tirm	.)					
14. DID ANY OF THE CLAIMED ITEMS BELONG	TO THE GOVERNME	NT OR TO SOMEONE OTHER THAN YO	OU OR YOUR	1			
FAMILY MEMBER? (If "Yes," indicate this	on your "Liet of Proper	ty and Claims Analysis Chart." DD Fore	m 1844.)				
15. WERE ANY OF THE CLAIMED ITEMS ACQU	Jired or Held for S	ALE, OR ACQUIRED OR USED IN A PR	IVATE PROFESSION				
OR BUSINESS? (If "Yes," indicate this on	your "List of Property a	nd Claims Analysis Chart," DD Form 1	844.)				
16. UNDER PENALTY OF LAW, I DECLARE THE	FOLLOWING AS PAR	T OF SUBMITTING MY CLAIM:					
If any missing items for which I am claiming	n are recovered. I will t	notify the office paying this claim. (For	shipment claims.) M	lissing items			
were packed by the carrier; they were owned p	rior to chinmont hut no	t delivered at dectination: after my pro	nerty was nacked. I/r	nv agent			
were packed by the carrier; they were owned p	nor to simplifient but he	t delivered at destination, after my pro	batty 1100 backers in	ny agont			
checked all rooms in my dwelling to make sure	nothing was left benin	a.					
I assign to the United States any right or int	erest I have against a c	carrier, insurer, or other person for the	incident for which I a	m claiming; I			
authorize my insurance company to release info	rmation concerning my	/ insurance coverage.					
I authorize the United States to withhold from	om my pay or accounts	for any payments made to me by a ca	arrier, insurer, or othe	r person to			
the extent I am paid on this claim, and for any	navment made on this	claim in reliance on information which i	is determined to be in	correct or			
untrue. I have not made any other claim agains	t the United States for	the incident for which I am claiming	Lunderstand that if a	n\/			
untrue. I have not made any other claim agains	it the United States for	the incluent for which i am claiming.	i dilacistana marii a	• 7			
information I provide as part of my claim is fals	e, I can be prosecuted.						
17. SIGNATURE OF CLAIMANT (or designated ag	ant l		18. DA	TE SIGNED			
17. SIGNATORE OF CEARNANT for designated as	,em,		1	YYMMDD)			
** SOLDIER/CLAIMANT'S SIGNATURE	OR BY POA HIS/F	IER SIGNATURE (STOP AT *18)	· · · · · · · · · · · · · · · · · · ·				
DOED HIN CERTAIN TO STORY		,					
DARTI	OLAIRAC ADDOOMA	(To be completed by Claims Office)					
		(To be completed by Claims Office)	2 2724	<del> </del>			
19. PROCEDURE (X one) 20. AMOUNT AWAR	IDED. The claim is coo	nizable and meritorious under 31 U.S.C					
the claimant is a	proper claimant: the p	roperty is reasonable and useful; the lo	sshas   ১				
	accordance with applic	able procedures as prescribed by the co	ourtoiling .				
b. REGULAR CLAIMS departmental reg	julation; and the follow	ing award is substantiated:					
21. SIGNATURES (Signatures at a and c not require	ed if small claims procedu	re is utilized)					
a. CLAIMS EXAMINER	b. DATE SIGNED	g, REVIEWING AUTHORITY	d. DATE	SIGNED			
a, CLAINIS EARIVINCA		ALLEADED DATED	i i	YMMDD)			
1	(YYYYMMDD)		[ [,,,,,	iannou) .			
	i	COLONATURE OF ADDROVING AUTHORIT	v	SIGNED			
e, TYPED NAME AND GRADE OF APPROVING AUTI	HURITY	f. SIGNATURE OF APPROVING AUTHORIT	1 -	SIGNED			
			(YYY	YMMDD)			
·							
I			1				

CLAIM FOR LOSS OF OF	R DAMAGE TO PE	RSONAL PI	ROPERTY INCIDENT	TO SERVI	CE				
PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)									
1. NAME OF CLAIMANT (Last, First, Middle Initial		OF SERVICE	3. RANK OR GRADE	4. SOCIAL S	SECURITY	NUM	BER		
5. HOME ADDRESS (Street, City, State and Zip Co	ode)	1	T MILITARY DUTY ADD Zip Code)	RESS (If applic	able) (Stree	et, City,	•		
7. HOME TELEPHONE NO. (Include area code)	8, DUTY TE	LEPHONE NO	. (Include area code)	9. AMOUNT	CLAIME	D			
10. CIRCUMSTANCES OF LOSS OR DAMAGE (E	ivalajo in datail - Includa (	late place and	all relevant facts. Use add	itional sheets if	necessary.	)			
10. CIRCUMSTANCES OF EUSS ON DAMAGE TO	igpain in detail, include C	<i>ato</i> , proof, and			,				
		THE CONTRACT OF THE CONTRACT O				l vena (			
11. DID YOU HAVE PRIVATE INSURANCE COV had transit, renter's or homeowner's insuraryour policy.)	ERING YOUR PROPERT nce; say "Yes" on a ve	TY? (E.g., say hicle claim if y	r "Yes" on a shipment or rou had vehicle insurance	quarters clair e. Attach a co	n if you opy of	YES	NO		
12. HAVE YOU MADE A CLAIM AGAINST YOU have insurance covering your loss, you mus	R PRIVATE INSURER? t submit a demand bef	(If "Yes," att ore you subm	ach a copy of your corre it a claim against the Go	spondence. li vernment.)	f you				
13. HAS A CARRIER OR WAREHOUSE FIRM IN a copy of your correspondence with the car.	VOLVED PAID YOU OF	REPAIRED A			attach				
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)									
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)									
16. UNDER PENALTY OF LAW, I DECLARE THE  If any missing items for which I am claiming were packed by the carrier; they were owned prechecked all rooms in my dwelling to make sure in I assign to the United States any right or into authorize my insurance company to release information I authorize the United States to withhold from the extent I am paid on this claim, and for any precent I have not made any other claim agains information I provide as part of my claim is false.	are recovered, I will relieve to shipment but no nothing was left behinderest I have against a comment on my pay or accounts anyment made on this control that United States for the United States for	notify the office t delivered at d. d. carrier, insurer or insurer or insurer or any paym claim in reliand the incident f	e paying this claim. (Fo destination; after my pro , or other person for the verage. hents made to me by a c ce on information which	incident for w arrier, insurer, is determined	cked, i/my hich I am or other to be inc	y agent claimi person orrect c	ng; l to		
17. SIGNATURE OF CLAIMANT (or designated agent)  17. SIGNATURE OF CLAIMANT (or designated agent)  (YYYYMMD)									
DADT II	CLAIMS ADDROVAL	/To be come	leted by Claims Office)						
19. PROCEDURE (X one) 20. AMOUNT AWAR the claimant is a been verified in a	DED. The claim is cog	nizable and m roperty is reas able procedure	eritorious under 31 U.S. onable and useful; the loss as prescribed by the c	oss nas	\$	CHILLIAN TOWN			
21. SIGNATURES (Signatures at a and c not require	d if small claims procedu	e is utilized)							
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING	AUTHORITY		d. DATE S	SIGNED (MMDD)			
e. TYPED NAME AND GRADE OF APPROVING AUTH	HORITY	f. SIGNATURE	OF APPROVING AUTHORI	ſΥ	g. DATE :	SIGNED (MMDD)			

DD FORM 1842, MAY 2000

#### PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

#### ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

#### **INSTRUCTIONS TO CLAIMANTS**

- 1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.
- 2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (such as a spouse) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.
- 3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.
- 4. You may obtain further information from a Claims Office.

- 5. You are entitled to claim the following:
- a. Reasonable local repair cost, if an item can be economically repaired. (You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.)
- b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.)
- c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (Normally, you may not claim appraisal fees.)

PART III - DENIAL C	OR SUPPLEMENTAL P	AYMENT (To be completed by Claims Office)					
23. DENIAL (X if applicable)  The claim is not cognizable or merito  3721 and the applicable provisions of departmental regulation, and is denied.		24. SUPPLEMENTAL PAYMENT (X and complete if applical The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:					
25. SIGNATURES							
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)				
26. APPROVING/SETTLEMENT AUTHORITY (Se	ttlement Authority is requir	ed for denial.)					
a. TYPED NAME	b. GRADE	b, SIGNATURE	c. DATE SIGNED (YYYYMMDD)				

		MAN, WILLIAM X. Mant's insurance company in appe	eb[e]			4. DE	UVERY DA	TE 14. 08			OF PROPERTY A literas 14 through 3 17. 2110 contracto	i io de litte	ed out by c	laims (
a.	(AA)		b, POLIC		חוד	"	тисковј							
U.) 5,		7. LOST OR DAMAGED ITEMS	TEYA	RILA:	BLE BLE	DNAL	11. Ayou	a 15:14V	ENTORY DATE		18. EXCEPTION STEE	131	ARI MILLE	ro.
					cos	1	ii. Alou Clauld L'Amer	1977	111		ity of like			
une No.	ĊΤΥ	model and site. List the native aid a	kleni of	13.Y		10.	<del>- ਵर</del> श ਜ਼੍ਰੇਮੀ	c+ 16.						<u> </u>
_	_	damage. Umissing, steta 9985885.	T			HASED		11 (c)	De	.śc	ribe the it	em fi	ılly	AXA
	1				ľW.	.00-	1,000.00				uding the			
		TOSHIBA LAPTOP IS' WIDESCREEN				1			na	ne	, model #	, typ	e of	
		MISSING (THEFT EXAMPLE)			3/200	07					wood, et	C≠ ,		
	_			1-1	399,0		199 <u>(</u> 4)	1			)rîginal Pri	ice:	***************************************	$\vdash$
		XROX 360 MISSING			-						unknown			
		(THEFT EXAMPLE)			1400	ا به	•		esti		ated origin		ice	
$\dashv$	$\dashv$	••			10/20		20.00	<del>                                     </del>	J		·			
ļ	- 1	XBÖX GAME CONTROLLERS (THEFT EXAMPLE)			75.0	"	75.00 		i	Date of Purchase: - If item was given as a gift, use the date it was				
		(HIET EXAMPLE)				1	market and the second							
$\perp$	_				10/208	06			recei				ແລ	
				- 1	6,500.0	Ю	350.03		- If month of purchase is			ais		
		2003 MITSUDISIII LANCER GL	.						unknown, use Jun. However, you must fill in					
		? FRONT TIRES SLASHED (AUTOMOBILE VANDALISM EXÅLIPI	FA	-  -	9/2004	,							I in	
十				16	5,500.00		350,00	<del></del>		ne year of purchase.		ŀ		
	2	XXX XHTSUBISHI LANCER GL			•									
		NTIRE LEFT SIDE OF CARKEYED			04444		ĺ			P	onair Cac	« Cachi		
+	- 4	AUTOMOBILE VANDALISM EXAMPLI	E)		9/2004	-			Filli	Repair Cost: I in the cost to repair				·
		•		1				ł	the item					
										·				
L														
		·												
						_}				4		]		
ri	te	in the total of the	amo	our	its	1		46				<del> </del>	-	
		claimed												
	γ		····· 1	<del>-</del>			1	MI	p.					-
iesi.	arks	` `		113 1	TOTAL	3	15	<b>j P</b> Gligarov	10.40 Fig. 2.0	د دادی:	MAN TAN	<del></del>	Marie es	
				1	· AINT		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				30, TOTAL AMOUNT	\$ 0.00		31. TX Pari
							2000				ALLOWED	U. <b>(A</b> )		UAR
							(E)							

NO. QTY 2. CLAIMANT'S INSURANCE COMPANY (If applicable) DD FORM 1844, MAY 2000 12. REMARKS 1. NAME OF CLAIMANT (Last, First, Middle Initial) 6 7. LOST OR DAMAGED ITEMS (Describe the Item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.") b. POLICY NO. No. 9. ORIGINAL COST 13. TOTAL MM/YYYYY PURCHASED 3. PICK-UP DATE (YYYYMMDD) 4. DELIVERY DATE (YYYYMMDD) 11. AMOUNT CLAIMED a. Repair (or) Cost b. ψ, PREVIOUS EDITION IS OBSOLETE. Replacement Cost 16. 15. INVENTORY DATE 14. ORIGIN CONTRACTOR 17. 2ND CONTRACTOR EXCEPTIONS LIST OF PROPERTY AND CLAIMS ANALYSIS CHART 19. 20. INV NO. (Items 14 through 31 to be filled out by Claims Office) 18. EXCEPTION SHEET DATE (YYYYMMDD) **EXCEPTIONS** 30. TOTAL AMOUNT ALLOWED AMOUNT ALLOWED 21. CLAIM NUMBER U. 23. GBL NUMBER ADJUDICATOR'S REMARKS 31. THIRD PARTY LIABILITY Page ¥7. 24. LOT NUMBER 22. NET WT/MAX CAR 28. HOUSE LIABILITY 4 잌 29. CARRIER LIABILITY 49 Pages

					A. SHEWA					
B	12. F						Ö	5. I		2 1. 2 E
FOR	REMARKS							6. 0TV	ME	AIMA
DD FORM 1844, MAY 2000	RKS						model and size. List the nature and extent of damage. If missing, state "MISSING.")	7. LOST OR DAMAGED IYEMS  (Describe the item fully, including ba	7	NAME OF CLAIMANT (Last, First, Middle Initial)  CLAIMANT'S INSURANCE COMPANY (If applicable)
									b. POLICY NO.	able)
							, §	<	٦	
	13. TOTAL						10. MM/YYYY PURCHASED	9. ORIGINAL COST		3. PIC
PREVIOUS I	44						Replace- ment Cost	11. AMOUNT CLAIMED (07)		3. PICK-UP DATE (YYYYMMDD)  4. DELIVERY DATE
PREVIOUS EDITION IS OBSOLETE.							16. EXCEPTIONS	15. INVENTORY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR
							No. No. No.	18		—
	30. TOTAL AMOUNT ALLOWED						20. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)		OF PROPERTY AND CLAIMS ANALYSIS CHART (terms 14 through 31 to be filled out by Claims Office)  17. 2ND CONTRACTOR   21. CLAIM NUMBER   22. N
	<del>(</del> A						25. AMOUNT ALLOWED	23. GBL NUMBER	21. CLAIM NUMBER	CLAIMS /
	31. PA						26. ADJUDICATOR'S REMARKS	UMBER		ANALYSIS C by Claims Office
Page	31. THIRD PARTY LIABILITY			i		 	27. ITEM WT	24.		3 ₽
e of	<b>₹</b>					W	28. M HOUSE UABILITY			T WIT MAY CAR
Pages	¢,						29. CARRIER LIABILITY	Ŕ	ARD C	AX CAR

## **MANUAL CEFT INPUT INFORMATION**

# This form must be completed and returned with the DA Form 7500

Full Name
SSN Tax ID#
Corporate Status Code: 21
Mailing address
Phone:
Email Address:
EFT Format <u>: CTX</u>
FINANCIAL INSTITUTION INFORMATION
ACH Bank Name:
ACH Bank Address:
ACH Bank Phone:
ACH 9 Digit Routing Transit Number:
Depositor Account Number:
Checking Savings
Account Holder's Name
Account Holder's Signature: